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Bib Data Sheet

CONFIRMATION NO. 1788

SERIAL NUMBER 10/678,339	FILING DATE 10/03/2003 RULE	CLASS 266	GROUP ART UNIT 1742	ATTORNEY DOCKET NO. 03-0667
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APPLICANTS

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** CONTINUING DATA *****

none SK

** FOREIGN APPLICATIONS *****

none SK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/29/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NORWAY	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Device and method for treatment of gases

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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